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## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 7064

|                             |                                       |              |                        |  |
|-----------------------------|---------------------------------------|--------------|------------------------|--|
| SERIAL NUMBER<br>08/852,495 | FILING DATE<br>05/07/1997<br><br>RULE | CLASS<br>536 | GROUP ART UNIT<br>1634 | ATTORNEY DOCKET<br>NO.<br>8907-057-999 |
|-----------------------------|---------------------------------------|--------------|------------------------|--|

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 08/724,394 10/01/1996 PAT 5,872,237  
which is a CIP of 08/630,912 04/04/1996 ABN  
and is a CIP of 08/652,265 05/23/1996 PAT 6,025,130

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 09/16/1997

|  |   |                           |                          |                       |                            |
|--|---|---------------------------|--------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged | <input type="checkbox"/> yes <input type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Examiner's Signature _____<br>Initials _____ | STATE OR<br>COUNTRY<br>CA | SHEETS<br>DRAWING<br>147 | TOTAL<br>CLAIMS<br>28 | INDEPENDENT<br>CLAIMS<br>6 |
|--|---|---------------------------|--------------------------|-----------------------|----------------------------|

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## TITLE

POLYMORPHISMS IN THE REGION OF THE HUMAN HEMOCHROMATOSIS GENE

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|--------------------------------|---|---|
| FILING FEE<br>RECEIVED<br>3714 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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